Islamic Women's Association of Queensland Inc

Service Feedback Form

TELL US WHAT YOU THINK!

We value your comments and suggestions for improving our service so please tell us what you think.

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Are you a –

- ❒ ***Client***
- ❒ ***Carer or relative of a client***
- ❒ ***Staff member***
- ❒ ***Staff member on behalf of client***
- ❒ ***Other***

Name ***(optional):*****.....** *Date****:*** **.....**